

Low-Income Discount Eligibility Application

The Long Beach Energy Resources Department (LBER) provides a 20% discount on the monthly gas bill for eligible households. To apply for this discount, please complete this application and submit with the required documents to the address provided. The discount will be applied once your completed and signed application is approved by LBER.

Conditions For Participation:

- The City utility bill is in your name and the address must be your primary address;
- You must not be claimed as a dependent on another person's income tax return other than your spouse;
- The annual gross Maximum Household Income does not exceed the applicable value in the chart below;
- You will notify LBER within 30 days if you no longer qualify for this rate; and,
- You understand that you must reapply for the Low Income Gas Discount Program every two years (otherwise the discount will be cancelled until your new application is received. Discount will not be retroactive.).

Non-Profit Group Living Facilities are eligible if the following conditions are present:

- The facility has separate gas meter;
- Each resident meets the low-income eligibility standard for a single person household; and,
- 70% of the energy consumed on the low-income gas discount rate must be for residential purposes; and,
- A copy of the most recent Non-profit Tax ID form 501 (c)(3), current California Adult Residential Facility License and/or Condition Use Permit for Homeless Shelter must be provided.

HOW TO QUALIFY FOR THE LOW INCOME GAS DISCOUNT

PUBLIC ASSISTANCE PROGRAMS
If you or someone in your household participates in any of these programs: Medicaid or Medi-cal, Healthy Families A&B, Women, Infants & Children (WIC), CalWORKs (TANF), Tribal TANF, Head Start Income Eligible - Tribal Only, Bureau of Indian Affairs General Assistance, CalFresh/SNAP (Food Stamps), National School Lunch Program (NSLP), Low Income Home Energy Assistance Program (LIHEAP and/or Supplemental Security Income (SSI)

OR

MAXIMUM HOUSEHOLD INCOME* Effective June 1, 2021	
Number of Persons in Household	Total Annual Income
1-2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
Each additional household member please add	\$9,080

*Current household income from all sources before deductions

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ភាសាផ្សេង សូមទាក់ទងទូរសព្ទលេខ

562-570-2068

Para solicitar este aviso en otro idioma, llame al

562-570-2068

Para hilingin ang abisong ito sa alternatibong

wika, pakitawagan ang 562-570-2068

Please use **DARK** ink and print clearly to ensure proper processing.

Fill out information as shown on your Utility Bill.

Residential

Non-Profit Group Facility

Account Number:

Customer Name:

Home Address

(street, city, zip) :

Phone Number:

Email:

Total # of Adults and Children in your household: 1 2 3 4 5 6 If more than 6:

Are you (or someone in your household) enrolled in any of the following assistance programs?

YES (If yes, mark the program(s) of participation. Please provide a **COPY** for verification):

- | | |
|---|--|
| <input type="radio"/> Medi-cal / Medicaid: Under Age 65 | <input type="radio"/> Low Income Home Energy Assistance Program (LIHEAP) |
| <input type="radio"/> Medi-cal / Medicaid: 65 or older | <input type="radio"/> Supplemental Security Income (SSI) |
| <input type="radio"/> Healthy Families Categories A & B | <input type="radio"/> National School Lunch Program (NSLP) |
| <input type="radio"/> Women, Infants and Children Program (WIC) | <input type="radio"/> Bureau of Indian Affairs General Assistance (BIA GA) |
| <input type="radio"/> CalWORKs (TANF) or Tribal TANF | <input type="radio"/> Head Start Income Eligible - Tribal Only |
| <input type="radio"/> CalFresh / SNAP (Food Stamps) | |

NO What is your yearly household income (before deductions, including all members of the household)?

- \$0 - \$34,480 \$34,481 - \$43,440 \$43,441 - \$52,400 \$52,401 - \$61,360 \$61,361 - \$70,320
- If more than 70,321 per year, enter amount here: \$ _____

Please mark your sources of income (please provide a **COPY** for verification):

- | | | |
|---|---|--|
| <input type="radio"/> Social Security | <input type="radio"/> Wages and/or Profit from Self Employment | <input type="radio"/> Spousal or Child Support |
| <input type="radio"/> SSP or SSDI | <input type="radio"/> Unemployment Benefits | <input type="radio"/> Scholarships, grants or other aid used for living expenses |
| <input type="radio"/> Pensions | <input type="radio"/> Insurance or Legal Settlements | <input type="radio"/> Rental or Royalty Income |
| <input type="radio"/> Interest of Dividends from: Savings, Stocks, Bonds or Retirement Accounts | <input type="radio"/> Disability or Workers Compensation Payments | <input type="radio"/> Cash or Other Income |

I declare the information I have provided in this application is true and correct. I agree to provide further proof of income if requested. I agree to inform LBER if I no longer qualify to receive the discount. I understand that if I receive the discount without meeting the qualifications, or fail to provide proof of income, I may be required to pay the City of Long Beach for all discounts I received.

Signature _____

Date _____

Please mail your application with copies of your income qualifying documents to:

Long Beach Energy Resources
Attn: Low Income Gas Discount Program
2400 East Spring Street, Long Beach, CA 90806
(562) 570-2068